

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9/11/03</u>	2 Serial/Patent # <u>09/487,354</u>
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/> Petition		22	5/6/03	\$ 55
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 55	
8 TO BE REFUNDED BY:				
<input type="checkbox"/>	Treasury Check			
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9	0 2 -- 2 6 6 6	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<i>Pet 181 is feeless</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Pat. Atty</u>		
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alicia C. Kelly</u>	DATE: <u>9/16/03</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**